

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Buza

3. Date
01-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jonathan Vigdorchik

5. Manuscript Title
Navigation for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Immediate family member is a paid employee of Stryker Corporation.

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Section 6.

Disclosure Statement

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Dr. Buza reports that an immediate family member is a paid employee of Stryker Corporation.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ran	2. Surname (Last Name) Schwarzkopf	3. Date 27-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonathan Vigdorchik
5. Manuscript Title Navigation for Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith&Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult
Intelijoint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Schwarzkopf reports personal fees from Smith&Nephew, personal fees from Intelijoint, personal fees from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Savyasachi	2. Surname (Last Name) Thakkar	3. Date 27-April-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy Wasterlain
5. Manuscript Title Navigation for Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Thakkar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Vigdorchik

3. Date
02-May-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Navigation for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Amy

2. Surname (Last Name)

Wasterlain

3. Date

03-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jonathan Vigdorchik

5. Manuscript Title

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